An Examination of Factors Influencing College Students' Self-Reported Likelihood of Calling for Assistance for A Fellow Student Who Has Engaged In High-Risk Alcohol Consumption

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Research Problem

This study examined factors that were believed to influence a college student's decision to call for assistance on behalf of a peer who had engaged in high-risk alcohol consumption. The Health Belief Model (Becker, 1974) was the theoretical framework used in this study. This theoretical framework allowed for the consideration of factors intrinsic to the students, as well as environmental factors. (See Figure 1)

The abuse of alcohol among students is a social welfare concern that has ebbed and flowed in the minds of US college administrators over the last three decades. It is a social problem that poses challenges in terms of both policy and practice from a social welfare perspective. The major concerns of college administrators about student alcohol use include: driving while intoxicated, destruction of property, fighting, disturbance of peace, overdoses, suicide attempts, sexual assaults and academic problems.

On a college campus the consequences of alcohol related behavior often times occur in group settings where there are numerous witnesses who experience the negative second-hand effects of alcohol abuse by others. These witnessing individuals may or may not have been drinking. They may or may not know the individual or individuals who have been drinking. Their response to critical incidents involving alcohol use/abuse by others is an issue justifying critical examination and social work research to further understand how risk may be reduced.

Research Question

This study sought to answer two questions:

1. What intrinsic or extrinsic factors increase the likelihood of a person to call for assistance for a fellow student who has engaged in high-risk alcohol consumption?

2. What difference would an institutional "Good Samaritan policy" make in such a decision?

Factors of interest indicated in the research literature were age, gender, alcohol consumption level, experience of second-hand effects of alcohol use by others and membership/leadership in a fraternity or sorority. This study also explored the influence that an institutional Good Samaritan policy might have on the self-reported likelihood of a student calling for assistance from a university authority in a situation where a peer has engaged in high-risk alcohol consumption. The Good Samaritan policy reduces institutional judicial sanctions for persons who call for assistance when a fellow student engages in high-risk alcohol consumption.

Research Design and Statistical Methodology

This study employed a random sampling process in which undergraduate students at a university were selected through the random drawing of classes from the course catalogue. Participation in the study was voluntary. The self-administered, 60 item questionnaire was distributed to 460 students, of which the final yield was 253 respondents, who after reading a scenario regarding high-risk alcohol consumption were asked to respond to a series of questions. Power analysis was used to determine that at least 103 respondents were needed in order to employ the desired statistical analysis. In addition to personal demographic information, a series of questions measured a student's self-reported likelihood of calling for assistance for a peer who had engaged in high-risk alcohol consumption. This served as the dependent variable. This 34 item scale was developed in this study by using categories from pre-existing qualitative research by Thomas and Seibold (1995). The final 34 item scale had been reduced from a larger scale using factor analysis. This involved a pretest with 100 respondents.

Additionally a student's "perceived threat of the binge-drinking score" was measured using a "benefits of drinking scale" (Petchers and Singer, 1987) and an "alcohol symptom risk checklist." These items, which were pretested to establish validity, along with the factors of age, gender, alcohol consumption level, second hand effects of alcohol use by others, and membership/leadership in a Greek-letter social organization served as the independent variables.

Respondents were randomly assigned into two groups and received one of two questionnaires. Half of the respondents received a scenario that included a Good Samaritan policy as a condition and the other half received a scenario that did not include

such a policy. This policy served as a hypothesized moderating independent variable. (See Figure 2)

Data analysis occurred in three stages. The first stage was univariate analysis. Scale construction and the determination of reliability of the scales was the first step. This involved the use of confirmatory factor analysis as a means of testing hypotheses from the earlier pretest of the scaled items measuring "self-reported likelihood of calling for assistance" and "perceived threat of binge drinking." This also assisted in establishing the validity of these scales. The next step in this stage was a descriptive analysis of the variables using measures of central tendency and variability, which were appropriate to the unit of analysis. Demographic data was analyzed descriptively using frequencies and percentages. Measures of central tendency (mode, median and mean) of distribution were used as appropriate to the level of the measurement of the variable.

The second stage of data analysis was bivariate analysis. T-tests, analysis of variance, and Pearson's product moment correlation coefficients allowed for this comparison, depending on the level of measurement. Data analysis offered bivariate comparisons of the independent variables (age, gender, level of alcohol consumption, second-hand effects of alcohol use by others, membership/leadership with Greek-letter social organizations, perceived threat of binge drinking and good Samaritan policy inclusion) and with the dependent variable, "self-reported likelihood of calling for assistance." In some cases bivariate comparisons are offered between independent variables for the purpose of describing the sample. A mean difference test (t-test) was used with age and gender as they are nominal level independent variables and the dependent variable was continuous. The mean difference test was used to determine significant differences between the means of age and gender regarding the experience of second-hand effects of alcohol use by others. A Chi Square Test for independent samples was used to determine significant differences between age and gender regarding the level of alcohol consumption. Additionally, Analysis of Variance (ANOVA) was used to determine statistically significant differences between membership/leadership within a Greek social organization (an ordinal level variable) and the self-reported likelihood of calling for assistance score.

The third and final stage of analysis was the multivariate examination of the relationship of the independent variables with the dependent variable ("self-reported likelihood of calling for assistance") while controlling for the interrelationship of the independent variables. Multiple regression, in the form of hierarchical regression, was used as the statistical test to analyze the relationship between the dependent variable (score of "self-reported likelihood of calling for assistance") and the independent variables. These results allowed for analysis of the variance in the dependent variable based on each of the independent variables. This analysis was done in two stages. The first stage involved regressing all independent variables including the moderating variable (the condition of the Good Samaritan Policy) on the dependent variable. If the moderating variable had a significant relationship to the dependent variable, stage two would be carried out. Stage two of the analysis would occur as follows: all independent variables would be regressed on the moderating variable (the condition of the good Samaritan policy). This would

determine if the independent variables were additionally affecting the dependent variable (the self-reported likelihood of calling for assistance score) through the moderating variable (the condition of the good Samaritan policy).

Summary of Results

The findings are depicted in Figure 3. They indicated that neither the Good Samaritan policy nor age were determined to be statistically significant in predicting a student's self-reported likelihood of calling for assistance for a peer who had engaged in high-risk alcohol consumption. Those factors which were found to be statistically significant as predictor variables included:

1. Gender - women self-reported a greater likelihood to call for assistance than men; and women perceived alcohol use symptoms to be a greater risk.
2. Level of alcohol consumption - moderate drinkers were found to self-report the greatest likelihood to call for assistance , followed in decreasing order by abstainers, occasional binge drinkers and frequent binge drinkers.

3. Second-hand effects of alcohol use by others - the more experience of the second hand effects of alcohol use by others; the greater is the respondents self-reported likelihood to call for assistance when a fellow student had engaged in high risk alcohol consumption.

4. Membership/leadership in a Greek-letter social organization - those individuals with the greatest self-reported likelihood to call for assistance were the elected officers of fraternities and sororities, followed by unaffiliated students, and finally by the general membership of a Greek social organization.

5. the benefits of drinking score – a higher perceived benefit of drinking score related to a higher self-reported likelihood of calling for assistance.

6. the alcohol symptom risk checklist score - a higher perception of risk indicated an increased self-reported likelihood to call for assistance.

Implications for Social Work Practice

The implications of this study relate directly to social work practice in addressing risk reduction and prevention of negative consequences posed by high-risk alcohol consumption. Understanding those factors which influence community members to seek assistance for a person who engages in high-risk alcohol consumption is essential to addressing one of the main health and safety issues facing the college-aged population of the United States. Fellow students are an important resource that can be utilized in bringing a person into a therapeutic environment where education or treatment can occur. Results from this sample indicate which environmental factors and personal characteristics/behaviors serve as predictors of the self-reported likelihood to seek

assistance for a fellow student who has engaged in high-risk alcohol consumption. This social work research informs and focuses clinical interventions, educational programs and policy initiatives.

Many of the scales used in this research study could be used and further studied to consider their value as screening tools for higher risk or higher opportunity interventions with individuals and groups. Program planning which seeks to work with particular groups of individuals based on gender and involvement in fraternities and sororities is also indicated from the results of this study.

The marked division in self-reported likelihood of calling for assistance between the leadership and general membership of fraternities and sororities provides a challenge for social workers in the field of higher education. Efforts to strengthen fraternity and sorority leaders in their ability to establish more moderate norms regarding alcohol consumption may involve both educational and policy initiatives.

Program efforts in the form of awareness campaigns which address both those who consume and those who abstain from alcohol are indicated in terms of addressing their perception of risk related to the use of alcohol by others. The findings of this study indicate that those who have experienced negative second-hand effects of alcohol use by others self-report a higher likelihood of calling for assistance. This group of individuals may be among the most important group of individuals to work with in terms of strengthening their ability to address the high-risk consumption of fellow students through a social norms approach (Haines, 1996). This could include fostering people's empathy and reducing the degree of apathy that would lead someone to disregard the risk a peer may be facing in a high-risk alcohol situation.

The Good Samaritan Policy was not found to be statistically significant in this study. This could be perceived as a disappointment in that it did not offer an easy policy solution to the challenge of encouraging people to call for assistance in high-risk drinking situations. It is important to note a limitation in the design of this study. It is not possible to fully know the strength of the effect of the Good Samaritan Policy on people's self-reported decisions. The fact is that even those individuals who did not receive the condition of a Good Samaritan Policy in their survey may have assumed one as a premise in responding to the questions.

The effect of such a policy may be better answered using a qualitative approach of interviewing subjects/clients. Understanding people's perception of present policies and their consequences is something that social workers can do. Educating clients on policies both in terms of their rationale and their administration may be an important way of encouraging clients to become partners in creating positive outcomes for themselves and for others in their community. The underlying value behind the Good Samaritan Policy involves individuals who are willing to look beyond their own self-interest to the well being of others.

A discussion of the policy and the practice of calling for assistance for others would afford social workers the opportunity to raise questions with their clients. These questions would allow students to reflect on their own values and exercise self-determination in how they wish to act in creating their own community.

Figure 1

The Health Beliefs Model (Becker, 1974)

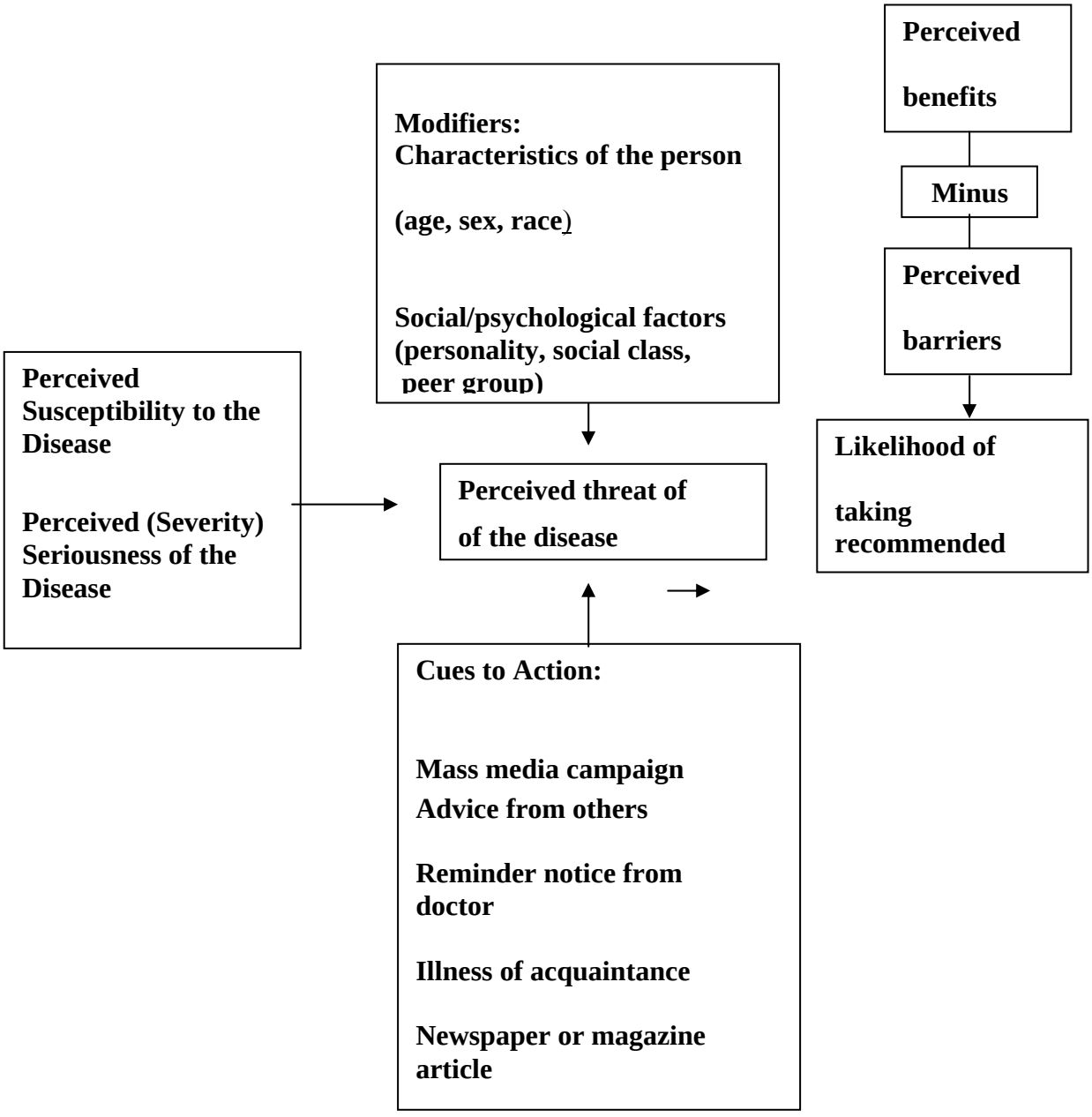


Figure 2

Adapted Health Belief Model

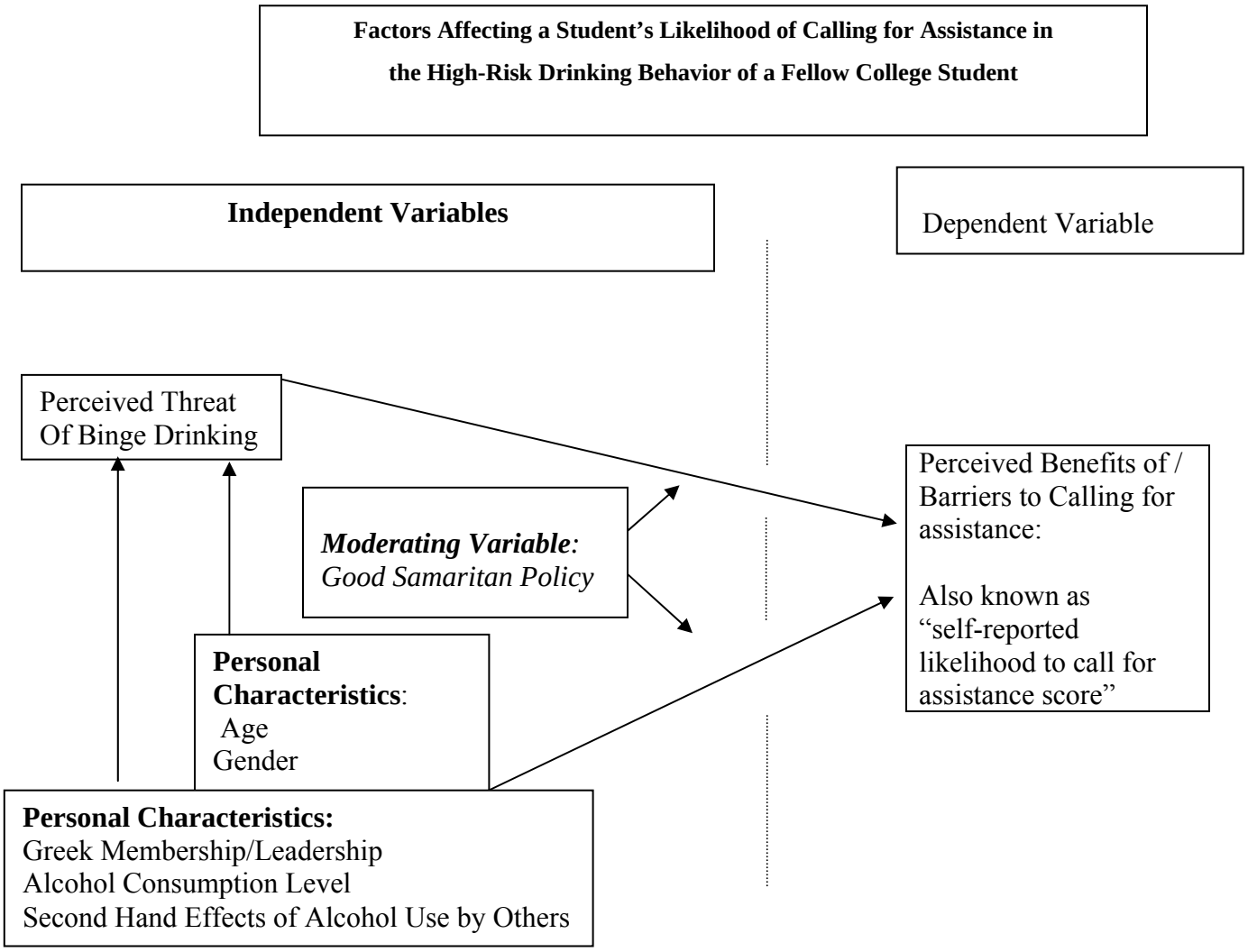
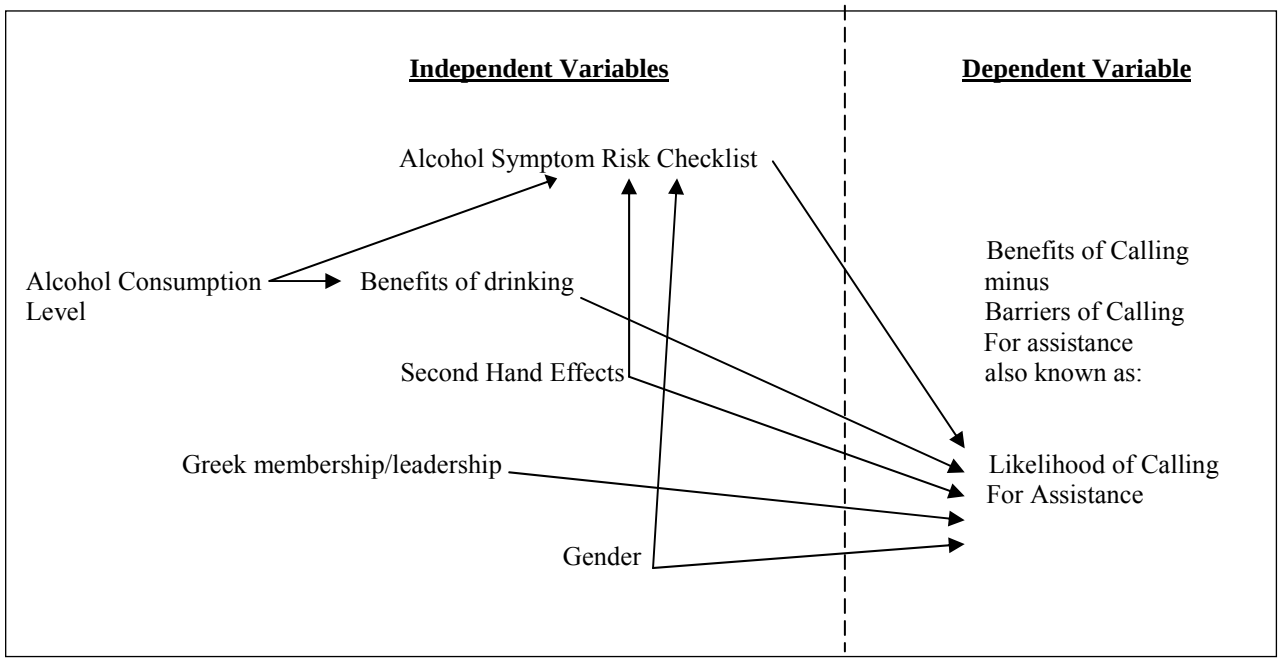


Figure 3. Theoretical model based on results from hierarchical regression analyses



Note:

The Good Samaritan Policy and Age were not found to be statistically significant factors and as such are not included in the above diagram.

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